



Motor Vehicle Property Tax Exemption Application  
for Members of the Armed Forces

Jessica Sypher  
Assessor  
Town of Essex  
29 West Avenue  
Essex, CT 06426  
Telephone: (860) 767-4340  
Fax: (860) 767-8509

# TOWN OF ESSEX, CONNECTICUT

IF YOU CLAIM EXEMPTION IN THE TOWN OF ESSEX FOR TAXES ON YOUR MOTOR VEHICLE UNDER CGS §12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING. A NEW APPLICATION MUST BE FILED ANNUALLY WITH THIS OFFICE. **FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31<sup>ST</sup> NEXT, FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION.**

### Military Information

- On October 1, \_\_\_\_\_, I was an active member of the armed forces, as defined in CGS§ 27-103.  
(Year of most recent past October 1<sup>st</sup>)
- On the assessment date, I was attached to the following unit: \_\_\_\_\_  
\_\_\_\_\_
- I have served in this unit since (month /date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
- My permanent address is: \_\_\_\_\_  
Number & Street or PO Box                      City or Town                      State & Zip Code
- Mailing address: \_\_\_\_\_  
Number & Street or PO Box                      City or Town                      State & Zip Code

### Vehicle Information

- Vehicle Registration (Plate) Number: \_\_\_\_\_ Make, Model and Year: \_\_\_\_\_
- On the assessment date, this vehicle was (check one): Owned † Leased † (For leased vehicle complete 7 and 8)
- Lease term: \_\_\_\_\_ to: \_\_\_\_\_ Lessor: \_\_\_\_\_  
From (Mo/Date/Yr)                      To (Mo/Date/Yr)                      (Name of vehicle owner as it appears on the lease)
- Lessor's Address: \_\_\_\_\_  
Number & Street or PO Box                      City or Town                      State& Zip Cod

### Attestation Statement

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS§ 12-81(53). All Information herein provided is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Active Duty Service Member                      Signature of Commanding Officer                      Date Signed

### Office Use Only

GRAND LIST YEAR: \_\_\_\_\_ Regular † Supplemental †                      VEHICLE ASSESSMENT \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Assessor/Staff                      Date